

In RE application of A. HASHIMOTO et al.

Serial No.: 10/807,173

Group Art Unit: 2182

Filed: March 24, 2004

Examiner: D. MARTINEZ

For: COMPUTER SYSTEM, CONTROL APPARATUS, STORAGE SYSTEM AND COMPUTER DEVICE

Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

Transmitted herewith is an Amendment in the above-identified application.

- ☐ Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.
- ☐ A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.
- ☐ No additional fee is required.

The fee has been calculated as shown below:

(COL. 1)			(COL. 2)		(COL. 3)
	Claims Remaining After Amendment		Highest No. Previously Paid For		Present Extra
Total	* 17	Minus	** 20	=	0
Indep.	* 2	Minus	*** 3	=	0
<input type="checkbox"/> First Presentation of Multiple Dependent Claims					

SMALL ENTITY

Rate	Additional Fee
x 9	\$
x 42	\$
+ 140	\$
Total	\$

OR

OTHER THAN A SMALL ENTITY

Rate	Additional Fee
x 18	\$ 0
x 84	\$ 0
+ 280	\$ 0
Total	\$ 0

OR

- * If the entry in Col. 1 is less than the entry in Col. 2, write '0' in Col. 3.
- ** If the 'Highest Number Previously Paid For' IN THIS SPACE is less than 20, write '20' in this space.
- *** If the 'Highest Number Previously Paid For' IN THIS SPACE is less than 3, write '3' in this space.
- The 'Highest Number Previously Paid For' (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior Amendment or the number of claims originally filed.

- ☐ Please charge my Deposit Account No. 50-1417 in the amount of \$ _____.
- ☒ A check in the amount of \$ 180.00 is attached in payment of:
Credit Card Payment Form - IDS
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-1417.
- ☒ Any filing fees under 37 CFR 1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 CFR 1.17.
- ☒ Any Extension of Time fees that are necessary, which are hereby requested if necessary.

MATTINGLY, STANGER & MALUR, P.C.
1800 Diagonal Rd., Suite 370
Alexandria, Virginia 22314
(703) 684-1120

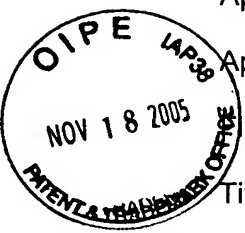
By: 

Shrinath Malur

Registration No. 34,663
Attorney for Applicant(s)Date: November 18, 2005

[Handwritten signature]

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE



Appl. No. : 10/807,173 Confirmation No. 4125
Applicant : HASHIMOTO, A. et al.
Filed : March 24, 2004
Title : COMPUTER SYSTEM, CONTROL APPARATUS,
STORAGE SYSTEM AND COMPUTER DEVICE
TC/AU : 2182
Examiner : D.E. Martinez
Docket No. : G&P-105
Customer No.: 24956

Commissioner for Patents
Mail Stop DD
P.O. Box 1450
Alexandria, VA 22313-1450

11/21/2005 JADD01 00000116 10007173
01 FC:1806 180.00 OP

INFORMATION DISCLOSURE STATEMENT (IDS)
UNDER § 1.97 AND § 1.98

Sir:

1. This IDS should be considered:

(a) when filed within three months of the filing date of the present application, or within three months of the filing date of the National Stage as set forth in § 1.491 in an international application, or before the mailing date of a first Office Action on the merits, whichever occurs last;

(b) when filed before the mailing date of either a Final Rejection under § 1.113 or a Notice of Allowance under § 1.311, whichever occurs first and when 1(a) does not apply. For this purpose, there is included herein either a certification in section 4 below (included when indicated by a marked box), or a fee of \$180.00 (a Credit Card Payment Form in the amount of \$180.00 is enclosed, or if not see section 5 below);

(c) when filed prior to the payment of the Issue Fee, when 1(a)-(b) do not apply, and when a certification is included in section 4 below (included when indicated by a marked box); then the Applicant(s) hereby petition(s) and request(s) consideration of this IDS, and provided herewith is a fee of \$180.00 (a Credit Card

11/21/2005 JADD01 00000116 10007173
01 FC:1806 180.00 OP

Payment Form in the amount of \$180.00 to cover the petition fee, or if not see section 5 below).

2. When 1(a)-(c) do not apply, then it is requested that this IDS be placed in the file.

3. Listing of the information submitted is on the attached Form PTO-1449, which forms a part of this IDS. A copy of each listed document is enclosed when needed.

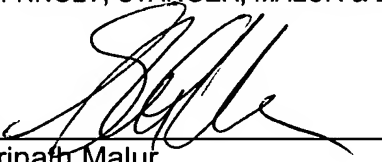
4. If a fee or additional fee is required, the Commissioner is hereby authorized to charge any fee or additional fee that may be required and credit any excess to Deposit Account No. 50-1417.

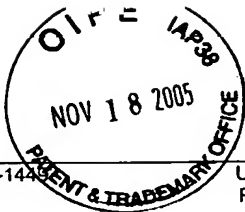
5. No explanation of relevancy is being provided for the following document(s) because each is either in the English language, discussed in the present Specification, or its relevance is as stated in a communication from a foreign patent office in a counterpart foreign application.

6. If the PTO determines that part(s) of the required content is inadvertently omitted, then it is requested that the Applicant(s) be given additional time and specific identification of such omission(s) to enable full compliance.

Respectfully submitted,

MATTINGLY, STANGER, MALUR & BRUNDIDGE, P.C.

By 
Shrinath Malur
Reg. No. 34,663
(703) 684-1120



FORM PTO-144 (REV. 7-80)	U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE	ATTY. DOCKET NO. G&P-105	SERIAL NO. 10/807,173
LIST OF DOCUMENTS CITED BY APPLICANT (Use several sheets if necessary)		APPLICANT A. HASHIMOTO et al	
		FILING DATE March 24, 2004	GROUP 2182

U.S. PATENT DOCUMENTS

* EXAMINER INITIAL		DOCUMENT	.DATE	NAME	CLASS	SUBCLASS	FILING DATE (If Appropriate)
	AA	6,654,830	11/25/03	Taylor et al			
	AB	6,640,278	10/28/03	Nolan et al			
	AC	6,553,408	04/22/03	Merrell et al			
	AD	6,446,141	09/03/02	Nolan et al			
	AE						
	AF						
	AG						
	AH						
	AI						
	AJ						
	AK						

FOREIGN PATENT DOCUMENTS

		DOCUMENT	DATE	COUNTRY	CLASS	SUBCLASS	TRANSLATION	
							YES	NO
	AL						<input type="checkbox"/>	<input type="checkbox"/>
	AM						<input type="checkbox"/>	<input type="checkbox"/>
	AN						<input type="checkbox"/>	<input type="checkbox"/>
	AO						<input type="checkbox"/>	<input type="checkbox"/>
	AP						<input type="checkbox"/>	<input type="checkbox"/>

OTHER DOCUMENTS (Including Author, Title, Date, Pertinent Pages, etc.)

	AR		
	AS		
	AT		

EXAMINER	DATE CONSIDERED
----------	-----------------

* EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609; Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.